## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 26, 2000 8:00 am Secretary of State DOCUMENT # **P94000016092** 1. Entity Name J.R. INVESTMENTS REALTY, INC. 04-26-2000 90441 001 \*\*\*150.00 04-26-2000 90441 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address 12700 BISCAYNE BLVD P.O. BOX 601334 NORTH MIAMI BEACH FL 33160-1334 SUITE 305 10092 N MIAMI FL 33181 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0480303 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent\_ Name ROMERO, JUAN Street Address (P.O. Box Number is Not Acceptable) 12700 BISCAYNE BLVD. SUITE 305 NORTH MIAMI BEACH FL 33181 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition CD TITLE TITLE ☐ Delete ROMERO, JUAN NAME NAME STREET ADDRESS STREET ADDRESS 12700 BISCAYNE BLVD SUITE 305 CITY-ST-ZIP CITY-ST-ZIP N MIAMI FL Addition ☐ Delete Change TITLE TITLE ROMERO, JUAN NAME NAME STREET ADDRESS 12700 BISCAYNE BLVD., STE 305 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N MIAMI FL Change Addition SD TITLE □ Delete TITLE ROMERO, JUAN NAME NAME STREET ADDRESS 12700 BISCAYNE BLVD SUITE 305 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N MIAMI FL 33181 Addition CD TITI F Change ☐ Delete TITLE ROMERO, JUAN NAME NAME 21165 HELMSMAN DR. #G-14 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or justee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. 04-07-00 301 A

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

of the corporation or the receiver or t changed, or on an attachment with an address